Mesabi Range College
Post Secondary Enrollment Options Program
Guidance Counselor or Home School Parent Form

Please complete the following information:

PSEO Applicant’s Name: ____________________________________________

Student’s Percentile Rank in Class: ________________________________

Overall GPA is: __________________

*If class rank or GPA are under required levels, please provide justification for referring this student to the PSEO program. Attach a statement of justification to the application.

1. Number of high school credits needed for graduation: __________________

2. What specific areas are credits needed to graduate, (i.e., English, Social Studies, Math, etc.)

   Subject                        Credits Needed
   ____________________________  __________________________
   ____________________________  __________________________
   ____________________________  __________________________
   ____________________________  __________________________

- It takes 4 credits of MRC coursework to complete 1 high school credit.
- Textbooks purchased for this program are the property of MRC. Students are instructed to return books to their PSEO Advisor.

________________________________________________________________________

High School Name

________________________________________________________________________

High School Address          City          State          Zip Code

________________________________________________________________________

Phone Number

________________________________________________________________________

High School Principal/Counselor or Home School Parent (Please Print)

________________________________________________________________________

(Signature) of Principal/Counselor or Home School Parent          Date